

**DEMOLITION PERMIT APPLICATION**

DATE SUBMITTED: \_\_\_\_\_

TYPE OF STRUCTURE TO BE DEMOLISHED: \_\_\_\_\_

NAME OF STRUCTURE (BUSINESS) TO BE DEMOLISHED (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWNSHIP: \_\_\_\_\_ EST COST: \_\_\_\_\_

DESCRIPTION OF SITE INDICATING PROPOSED DEMOLITION (**Copy MUST be Attached**)

ZONING PERMIT # \_\_\_\_\_ (**Copy MUST be Attached**)

IF A ZONING PERMIT IS **NOT** BEING ISSUED - NAME & TELEPHONE # OF ZONING OFFICIAL WHO WAIVED

ZONING PERMIT: **NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

Date the **OHIO E.P.A. NOTIFICATION OF DEMOLITION & RENOVATION FORM** was REVIEWED & APPROVED by  
THE LAKE COUNTY HEALTH DISTRICT: **DATE:** \_\_\_\_\_ (**Copy of SIGNED Form MUST be Attached**)

**OWNER'S CONSENT FOR DEMOLITION**

**OWNER'S SIGNATURE:** \_\_\_\_\_

**OWNER'S PRINTED NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** (     ) \_\_\_\_\_ **FAX NUMBER:** (     ) \_\_\_\_\_

It is the duty of the General Contractor to insure that all utilities are properly disconnected and the required inspections are scheduled and approved by the Lake County Building Department. The General Contractor is responsible to obtain a Final inspection at the completion of the demolition.

This permit becomes null and void if demolition is not commenced within 12 months, or if work is suspended or abandoned for a period of 180 consecutive days at any time after work is commenced.

I hereby certify that I have read and examined this application and that all information is true, accurate, and complete. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I authorize the Lake County Building Department to enter this property for the purpose of site inspections for the duration of this project.

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.**

**GENERAL CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

**GENERAL CONTRACTOR'S PRINTED NAME:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**DAYTIME PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**ALL FEES ARE NONREFUNDABLE**

**OFFICE USE ONLY**

**PLANS APPROVED BY:** \_\_\_\_\_ **APPROVAL DATE:** \_\_\_\_\_ **SQ FTG:** \_\_\_\_\_

**APPLICANT NOTIFIED:** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_ **LOG NUMBER:** \_\_\_\_\_